

use only:
Approved

7/2/97

Hazardous Material Business Plan Statement

City of Santa Fe Springs Fire Department
11300 Greenstone Ave., Santa Fe Springs, CA 90670
(310)944-9713

Reporting Year
1/1 to 12/31, 19__

Company Name: Winkler Forming INC Phone: (562) 693-1451
Site Address: 12500 E. LAWSON AVE Unit #: B-2
Mailing Address: Santa Fe Springs CA 90670

If your business is exempt from the reporting requirements, complete this section.

An exemption is claimed for the following reason (check one).

- 1) ☒ No hazardous materials are handled.
2) ☐ Hazardous materials handled are less than 500 lbs., 55 gal. or 200 cu. ft. (STP) and Acutely Hazardous Materials (AHMs) are handled in quantities less than the Threshold Planning Quantities specified in 40 C.F.R., § 355, Appendix A.
3) ☐ Hazardous materials are for sale to and use by the general public (contained in packages of 5 gallons or less).
If items 2 or 3 were checked please read the following paragraph.

- 4) ☐ Please check box 4 if you have already contacted the Fire Prevention Division of the Fire Department to determine if a Uniform Fire Code Permit is required. The Uniform Fire Code requires permits for handling hazardous materials as well as operations which are hazardous in nature. Uniform Fire Code Permits may be required for hazardous materials in quantities less than the above disclosable amounts. Common chemical hazard classes which require a permit include: flammable and combustible materials, cryogenics, compressed gases, oxidizers, water reactive and unstable materials, carcinogens, toxic and highly toxic materials, explosives, irritants, corrosive and radioactive materials, etc.

If your business is not exempt, complete this section.

Facility and Owner/Operator Identification

Standard Industrial Classification (SIC) Code (4 digit #): 3089 Dun and Bradstreet #: _____
Nature of business: PLASTIC MANUFACTURER (EXTRUSION + FORMING)
Owner/Operator Name: Winkler Forming INC Phone #: (562) 693-1451
Other adjoining addresses used by your firm: _____
Subsidiary or other business occupying this location:
Company Name: LINDEN PROPERTY COMPANY INC. (LANDLORD)
Contact Name: LLOYD LEE Phone #: (562) 696-4065

Emergency Contact Information

Name of Facility Emergency Coordinator: GARY KNOOP

Primary Contact	Secondary Contact
Name: <u>GARY KNOOP</u>	Name: <u>Jim Longstrech</u>
Title: <u>Plant Mgr.</u>	Title: <u>VP Manufacturing</u>
Business Phone: <u>(562) 693-1451</u>	Business Phone: <u>(562) 693-1451</u>
24-hour Phone: <u>(562) [REDACTED]</u>	24-hour Phone: <u>[REDACTED]</u>

Acutely Hazardous Material Information

Acutely Hazardous Materials/Extremely Hazardous Substances (from SARA 302, see pages 13-15 for Acutely Hazardous Materials list) are handled at your facility (check one).

☐ Yes ☐ No

If you checked yes, is the amount

- A) ☐ above Threshold Planning Quantities (TPQ)? (If above TPQ, fill out Acutely Hazardous Materials Registration Form available at the Fire Department.)
B) ☐ below TPQ?

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Document Preparer GARY KNOOP

Signature of Owner/Operator _____

Date 7/10/97

STREET-NAME
SLAUSON AVENUE ✓

D

ST-NO
12500 ✓

FR

UNIT
B2 ✓

BUSINESS-NAME
WINKLER FORMING ✓

OC
0

CONTACT-1
~~GARY KNOOP~~
STEVE GRZESIK

PHONE-1
~~310/940-4920~~
562/618-9313

MAIL-1

KB

CONTACT-2
~~GUS CONZALEZ~~
JOHN HUGHES

PHONE-2
~~626/192-793~~
562/659-1831

MAIL-2
INSP W/12500 SLAUSON H1, F ✓
H2
H3

EXT

PER DATE
NO / /

GRID
82-08

MAIL-3

DET

CYCLE FREQ
8 1

STA
2 F

BUSINESS PHONE 562/693-1451

BLDG. LEGACY PARTNERS (MATTHEW MEANS) 213/327-1100
LINCOLN PROPERTIES 714/ 261 2100

DATE 10, 9, 02 INSPECTOR CARTER EMPLOYEE NO 2147

GOOD HOUSEKEEPING (GH) X
FAIR HOUSEKEEPING (FH) _____
POOR HOUSEKEEPING (PH) _____
USE BACK SIDE FOR COMMENTS.

VIOLATIONS RISER SERVICE OUT OF
DATE
WRITTEN NOTICE (WN) X VERBAL NOTICE (VN) _____
PREVIOUS VIOLATIONS CORRECTED _____

CODE ACT-DATE COMP EMPL TIME 1:15 COMMENT

INSP	93/06/03	2C	650	0025	GOOD HSKP
INSP	94/06/20	2B	514	0020	GOOD HSKP
INSP	95/06/22	2C	650	0015	GOOD HSKP
INSP	96/07/03	2A	1038	0000	GOOD HSKP, NEW BUSINESS, REF FPB
INSP	97/09/11	2B	650	0000	GOOD HSKP
VIOL	98/10/01	2C	1325	0000	MAINTN 44" AISLES TO EXITS/SVC & MNT EXTG
INSP	98/10/01	2C	1325	0060	FAIR HSKP
CORR	98/10/15		0	0000	WRITTEN VIOLATIONS CORRECTED
INSP	99/10/15	2A	1508	0000	FAIR HSKP

NO INCIDENT INFORMATION IS AVAILABLE

JUL - - 2002

#2

UNIFIED PROGRAM (UP) FORM
HAZARDOUS WASTE GENERATOR

PAGE OF

BUSINESS NAME: WINKLER FORMING, INC.			3
BUSINESS SITE ADDRESS 12500 E. SLANSON AVE. BLDG. H-1 SANTA FE SPRINGS, CA. 90670			103
FACILITY ID #	NO. OF EMPLOYEES: 228	1330 EPA ID # CAL000105338	2

I. TYPE OF GENERATOR

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH)	<input type="checkbox"/>	<input type="checkbox"/>

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS	WASTE DESCRIPTION	WASTE ID	AMOUNT PER YEAR	DISPOSAL METHOD	STORAGE METHOD
GEAR BOX OIL CHANGES - FORMERS	WASTE OIL	221	329 GALS	D	A
GEAR BOX OIL CHANGES - EXTRUDERS	WASTE OIL	221	775 GALS	D	A
VACUUM PUMP OIL CHANGES - TIRAGE	WASTE OIL	221	240 GALS	D	A
SILICONE + WATER BATH CHANGES - EXTRUDER	SILICONE + WATER		640 GALS	B	A
CHILLER COOLANT CHANGES	GLYCOL + WATER		400 GALS	B	A

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME Craig Sneddan	OWNER/OPERATOR TITLE
OWNER/OPERATOR SIGNATURE	DATE 7-2-00

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY
CUPA	PA	DISTRICT INSPECTOR

FACILITY

TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

DeMenno / Kerdoon

DEMENNO / KERDOON'S LABORATORY IS CERTIFIED BY THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM (ELAP) CERT. # 2031

GENERATOR'S WASTE PROFILE WORKSHEET

GENERATOR'S INFORMATION

A. GENERATOR'S NAME WINNIE FARMING, Inc. B. EPA ID# CA000105338
 C. GENERATOR'S ADDRESS 1270 E. OLIVER AVE D. PHONE (626) 998-5481
 E. CITY, STATE, ZIP Santa Fe Springs, CA 90670
 F. GENERATOR CONTACT RON RABE G. TITLE _____
 H. CUSTOMER NAME _____ I. PHONE (EA) 998-5482
 J. TRANSPORTER NAME United Pumping Service K. PHONE (EA) 998-5482
 L. TRANSPORTER EPA ID# CA000105338 M. CONTACT CHN

A. NAME OF WASTE WINNIE FARMING'S WASTE LIQUID
 B. CALIFORNIA HAZARDOUS WASTE CODE NO. 221 C. EPA HAZARDOUS WASTE CODE NO. UNCLAS
 D. DESCRIBE PROCESS GENERATING WASTE _____
 E. DOES THIS WASTE CONTAIN PCB'S? _____ yes X no
 F. DOES THIS WASTE CONTAIN DIOXIN? (F0020-F0028) _____ yes X no
 G. DOES THIS WASTE CONTAIN SULFIDES OR CYANIDES? _____ yes X no
 H. DOES THIS WASTE CONTAIN SOLVENTS? _____ yes X no
 (IF YES, IDENTIFY IN ITEMS A OR D ABOVE.)
 I. DOES THIS WASTE CONTAIN PLATING WASTE? _____ yes X no
 J. HAS THIS WASTE BEEN MIXED WITH RCRA LISTED WASTE? _____ yes X no
 (F, K, U OR P EPA WASTE CODES)
 K. IF YOU HAVE MSDS FOR COMPONENTS IN THIS WASTE, PLEASE ATTACH _____ MSDS ATTACHED ☐
 L. IF YOU HAVE CURRENT ANALYSIS OF THIS WASTE, PLEASE ATTACH _____ CHEMICAL ANALYSIS ATTACHED ☐

GENERATOR'S CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS DOCUMENT, IS TRUE AND ACCURATE, AND NO INTENTIONAL MIS-REPRESENTATION HAS BEEN COMMITTED BY ANYONE. I FURTHER CERTIFY THAT ANY SAMPLE(S) PROVIDED WITH THIS WASTE PROFILE WERE TAKEN AND PRESERVED IN ACCORDANCE WITH 40 CFR 261, APPENDIX 1 AND ARE ACCURATE AND REPRESENTATIVE OF MY ACTUAL WASTE STREAM. I HEREBY AGREE TO NOTIFY DE MENNO / KERDOON SHOULD THIS WASTE STREAM CHANGE IN ANY WAY.

AUTHORIZED SIGNATURE: [Signature]

DATE 8/30/99

PRINT NAME AND TITLE _____

use only:
Received
7/10/97

Hazardous Material Business Plan Statement
City of Santa Fe Springs Fire Department
11300 Greenstone Ave., Santa Fe Springs, CA 90670
(310)944-9713

Reporting Year
1/1 to 12/31, 19__

Company Name: Winkler Forming INC Phone: (562) 693-1451
Site Address: 12500 E. LAUREN AVE Unit #: F
Mailing Address: Santa Fe Springs CA 90670

If your business is exempt from the reporting requirements, complete this section.

An exemption is claimed for the following reason (check one).

- 1) ☒ No hazardous materials are handled.
2) ☐ Hazardous materials handled are less than 500 lbs., 55 gal. or 200 cu. ft. (STP) and Acutely Hazardous Materials (AHMs) are handled in quantities less than the Threshold Planning Quantities specified in 40 C.F.R., § 355, Appendix A.
3) ☐ Hazardous materials are for sale to and use by the general public (contained in packages of 5 gallons or less).
If items 2 or 3 were checked please read the following paragraph.

- 4) ☐ Please check box 4 if you have already contacted the Fire Prevention Division of the Fire Department to determine if a Uniform Fire Code Permit is required. The Uniform Fire Code requires permits for handling hazardous materials as well as operations which are hazardous in nature. Uniform Fire Code Permits may be required for hazardous materials in quantities less than the above disclosable amounts. Common chemical hazard classes which require a permit include: flammable and combustible materials, cryogenics, compressed gases, oxidizers, water reactive and unstable materials, carcinogens, toxic and highly toxic materials, explosives, irritants, corrosive and radioactive materials, etc.

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Facility and Owner/Operator Identification

Standard Industrial Classification (SIC) Code (4 digit #): 3089 Dun and Bradstreet #: _____
Nature of business: PLASTIC MANUFACTURER (EXTRUSION + FORMING)
Owner/Operator Name: Winkler Forming INC Phone: (562) 693-1451
Other adjoining addresses used by your firm: _____
Subsidiary or other business occupying this location:
Company Name: LINCOLN PROPERTY COMPANY INC. (LANDLORD)
Contact Name: LLOYD LEE Phone: (562) 696-4065

Emergency Contact Information

Name of Facility Emergency Coordinator: GARY KNOOP

Primary Contact	Secondary Contact
Name: <u>GARY KNOOP</u>	Name: <u>Jim Longstreet</u>
Title: <u>Plant Mgr.</u>	Title: <u>VP Manufacturing</u>
Business Phone: <u>(562) 693-1451</u>	Business Phone: <u>(562) 693-1451</u>
24-hour Phone: <u>[REDACTED]</u>	24-hour Phone: <u>FX-6 Personal Privacy</u>

Acutely Hazardous Material Information

Acutely Hazardous Materials/Extremely Hazardous Substances (from SARA 302, see pages 13-15 for Acutely Hazardous Materials list) are handled at your facility (check one).

☐ Yes ☐ No

If you checked yes, is the amount

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B) ☐ below TPQ?

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I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Document Preparer GARY KNOOP

Signature of Owner/Operator _____

Date 7/10/97

STREET-NAME
SLAUSON AVENUE

D

ST-NO
12500

FR

UNIT
F

BUSINESS-NAME
WINKLER FORMING

OC
17

CONTACT-1
GARY KNOOP
S. GRZUSIK

PHONE-1

MAIL-1

KB
NO

CONTACT-2
CIS CONZALEZ

PHONE-2

MAIL-2
INSP W/12500 SLAUSON H1,B2,H3,

EXT
S/W

PER DATE
NO / /

GRID
82-08

MAIL-3

DET
NO

CYCLE FREQ
8 1

STA
2B

BUSINESS PHONE 562/693-1451

BLDG. 714/261-2100, LINCOLN PROPERTIES

DATE 10, 9, 02 INSPECTOR CARTER EMPLOYEE NO 2147

GOOD HOUSEKEEPING (GH) X
FAIR HOUSEKEEPING (FH) _____
POOR HOUSEKEEPING (PH) _____
USE BACK SIDE FOR COMMENTS.

VIOLATIONS YES
WRITTEN NOTICE (WN) X VERBAL NOTICE (VN) _____
PREVIOUS VIOLATIONS CORRECTED _____

CODE	ACT-DATE	COMP	EMPL	TIME	COMMENT
NBI	92/04/28	FPB	1264	0000	NBI/SUBTENANT-SPECTRUM-GOOD HSKP
INSP	93/06/08	2A	306	0020	FAIR HSKP
INSP	94/05/26	2B	514	0020	GOOD HSKP
INSP	95/06/22	2C	650	0015	FAIR HSKP
INSP	96/07/16	2A	737	0015	FAIR HSKP
INSP	97/09/11	2B	650	0025	FAIR HSKP
VIOL	98/10/01	2C	1325	0000	MAINTN AISLES/LOCATE EXTGS CONSPIC & SVC
INSP	98/10/01	2C	1325	0060	FAIR HSKP
INSP	99/10/15	2A	1508	0000	FAIR HSKP

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use only.
Received

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11300 Greenstone Ave., Santa Fe Springs, CA 90670
(310)944-9713

Reporting Year
1/1 to 12/31, 19__

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Site Address: 12500 E. STANBORN AVE Unit #: H-2
Mailing Address: Santa Fe Springs CA 90670

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Other adjoining addresses used by your firm: _____
Subsidiary or other business occupying this location:
Company Name: LINCOLN PROPERTY COMPANY INC. (LANDLORD)
Contact Name: LLOYD LEE Phone #: (562) 696-4065

Emergency Contact Information

Name of Facility Emergency Coordinator: GARY KNOOP

Primary Contact	Secondary Contact
Name: <u>GARY KNOOP</u>	Name: <u>Jim Longstrech</u>
Title: <u>Plant Mgr.</u>	Title: <u>VP Manufacturing</u>
Business Phone: <u>(562) 693-1451</u>	Business Phone: <u>(562) 693-1451</u>
24-hour Phone: _____	24-hour Phone: _____

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Print Name of Document Preparer GARY KNOOP

Signature of Owner/Operator _____

Date 7/10/97

STREET-NAME
SLAUSON AVENUE

D

ST-NO
12500

FR

UNIT
H3

BUSINESS-NAME
WINKLER FORMING INC

OC
0

CONTACT-1
RICARDO MEJIA
S. G22ESIK

PHONE-1

MAIL-1

KB

CONTACT-2
MICHAEL PALMER
S. HUGITES

PHONE-2

MAIL-2
INSP W/ 12500 SLAUSON H3,H1,F,

EXT
SW

PER DATE
NO / /

GRID
82-08

MAIL-3

DET

CYCLE FREQ
8 1

STA
28

BUSINESS PHONE 562/693-1451

BLDG. LINCOLN PROPERTIES

DATE 10/9/02 INSPECTOR CARTER EMPLOYEE NO 2147

GOOD HOUSEKEEPING (GH) X
FAIR HOUSEKEEPING (FH) _____
POOR HOUSEKEEPING (PH) _____
USE BACK SIDE FOR COMMENTS.

VIOLATIONS YES
WRITTEN NOTICE (WN) X VERBAL NOTICE (VN) _____
PREVIOUS VIOLATIONS CORRECTED _____

CODE	ACT-DATE	COMP	EMPL	TIME	COMMENT
INSP	91/02/15	1FPB	558	0015	NOT VACANT/BLDG OCCUPIED
INSP	91/06/11	82B	514	0015	WN/SVC ALL EXT, KEEP ALL DOORS CLEAR
INSP	91/06/12	2B	514	0030	GH/ WN: SERVICE EXTINGUISHERS
CORR	91/06/17	82B	0	0000	VIOLATIONS CORRECTED
INSP	92/05/05	2C	515	0015	BUILDING VACANT
INSP	93/06/08	2A	306	0030	GOOD HSKP
INSP	94/05/24	2B	514	0005	VACANT
INSP	95/06/20	2C	680	0020	GOOD HSKP
INSP	96/06/10	2A	737	0020	GOOD HSKP
INSP	97/10/01	2B	1511	0000	GOOD HSKP
VIOL	97/10/01	82B	1511	0000	NEEDS HI PILE PERMIT, SPRK HEAD CLEARANC
CORR	97/10/22		0	0000	WRITTEN VIOLATIONS CORRECTED
INSP	98/10/01	2C	1372	0000	GOOD HSKP
INSP	99/10/15	2A	1508	0000	FAIR HSKP

NO INCIDENT INFORMATION IS AVAILABLE

JUL - - 2002